

Recipient Committee
Campaign Statement
Cover Page

Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | |
|---|---|
| Date Stamp RECEIVED JUL 28 PM 1:51 CITY CLERK CITY OF LODI | CALIFORNIA 2001/02 FORM 460 Page <u>1</u> of <u>5</u> For Official Use Only |
|---|---|

INSTRUCTIONS ON REVERSE

Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall (Also Complete Part 5) | <input type="checkbox"/> Ballot Measure Committee <input type="radio"/> Primarily Formed <input type="radio"/> Controlled <input type="radio"/> Sponsored (Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee <input checked="" type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) |

2. Type of Statement:

- | | |
|--|--|
| <input type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|--|

Committee Information

I.D. NUMBER

96-2479

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Lodi Firefighters PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

PO Box 1841

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Lodi CA 95241

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

EVAN LUKE

MAILING ADDRESS

PO Box 1841

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95241

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-25-04
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|-------------------------------|
| Statement covers period from <u>1-1-04</u> through <u>6-30-04</u> | CALIFORNIA FORM 460 |
| Page <u>2</u> of <u>5</u> | I.D. NUMBER <u>96-2499</u> |

INSTRUCTIONS ON REVERSE

NAME OF FILER

Lodi Firefighters PAC

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| Monetary Contributions Schedule A, Line 3 | \$ <u>1053.00</u> | \$ <u>1053.00</u> |
| Gifts Received Schedule B, Line 7 | \$ <u>0</u> | \$ <u>0</u> |
| TOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>1053.00</u> | \$ <u>1053.00</u> |
| Nonmonetary Contributions Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>1053.00</u> | \$ <u>1053.00</u> |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | | |
|----------------------------|------------------|-------------|
| | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | | |
|---|-----------------|-----------------|
| Payments Made Schedule E, Line 4 | \$ <u>36.18</u> | \$ <u>36.18</u> |
| Gifts Made Schedule H, Line 7 | \$ <u>0</u> | \$ <u>0</u> |
| TOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>36.18</u> | \$ <u>36.18</u> |
| Unreimbursed Expenses (Unpaid Bills) Schedule F, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| Nonmonetary Adjustment Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>36.18</u> | \$ _____ |

**Expenditure Limit Summary for State
Candidates**

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
|--|---------------|
| Date of Election (mm/dd/yy) | Total to Date |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|--|-------------------|
| Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>2713.77</u> |
| Cash Receipts Column A, Line 3 above | <u>1053.00</u> |
| Unreimbursed Increases to Cash Schedule I, Line 4 | <u>0</u> |
| Cash Payments Column A, Line 8 above | <u>36.18</u> |
| ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>3730.59</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

IF AN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Other Financials and Outstanding Debts

| | |
|---|----------|
| Cash Equivalents See instructions on reverse | \$ _____ |
| Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ _____ |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|---|-------------------------------|
| Statement covers period from <u>1-1-04</u> through <u>6-30-04</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>5</u> | I.D. NUMBER <u>96-2479</u> |

INSTRUCTIONS ON REVERSE

NAME OF FILER

Lodi Firefighters PAC

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|---|---------------------------------------|
| 1-04 | Lodi Professional Firefighters PO Box 1811 Lodi CA 95241 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1053 ⁰⁰ | 1053 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

Amount received this period - contributions of \$100 or more.

Include all Schedule A subtotals.) \$ 1053.00

Amount received this period - unitemized contributions of less than \$100 \$ 0

Total monetary contributions received this period.

Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1053.00

***Contributor Codes**

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|---|--|--------------------------------|
| Statement covers period from <u>1-1-04</u> through <u>6-30-04</u> | | CALIFORNIA FORM 460 |
| | | Page <u>4</u> of <u>5</u> |
| NAME OF FILER <u>Lodi Firefighters PAC</u> | | I.D. NUMBER <u>96-2479</u> |

INSTRUCTIONS ON REVERSE

NAME OF FILER

INSTRUCTIONS: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| campaign consultants | MTG meetings and appearances | RFD returned contributions |
| contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 0

Itemized payments made this period of under \$100 \$ 36.18

Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0

Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 36.18

Schedule H Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | |
|---|-------------------------------|
| Statement covers period from <u>1-1-04</u> through <u>6-30-04</u> | CALIFORNIA FORM 460 |
| Page <u>5</u> of <u>5</u> | |

INSTRUCTIONS ON REVERSE

NAME OF FILER

Coeli Firefighters PAC

I.D. NUMBER

96-2479

| ALL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|---|---|--|--|---|--|--|---|
| ari Paris for supervisor 322 N. Stockton St Coeli, CA 95240 | farmer | \$ <u>2033.02</u> | \$ <u>0</u> | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ <u>2033.02</u> DATE DUE _____ | <u>0</u> % RATE <u>0</u> % RATE | \$ <u>2033.02</u> DATE INCURRED <u>3-1-02</u> | CALENDAR YEAR \$ <u>0</u> PER ELECTION** \$ <u>0</u> |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE _____% RATE | \$ _____ DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| Loans that are contributions to another candidate or committee it also be summarized on Schedule D. Loans forgiven must be reported on Schedule E. | | SUBTOTALS | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | |

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

Loans made this period \$ 0
Total Column (b) plus unitemized loans less than \$100.)
Payments received on loans \$ 0
Total Column (c) plus unitemized payments less than \$100.)
Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

**If Required